

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name (Last, First, Middle Initial) A. Robert Thomas Fisher MD</p> <p>Mailing Address 52 Thomas Johnson Dr</p> <p>City State Zip Code Frederick MD 21702</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Frederick Memorial Hospital Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 22 / 2015 Transaction ID : 6753231</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Anthony M DeLuise Jr, MD</p> <p>Mailing Address 76 Oakwood Drive</p> <p>City State Zip Code Scituate RI 02825</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Foundry Orthopedics & Sports Medicine Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 22 / 2015 Transaction ID : 6753233</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Kenneth R Catallozzi MD</p> <p>Mailing Address 216 East Shore Road</p> <p>City State Zip Code Jamestown RI 02835</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Orthopaedic Associates Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 22 / 2015 Transaction ID : 6753234</p> <p>Amount of Each Receipt this Period 300.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1050.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				